



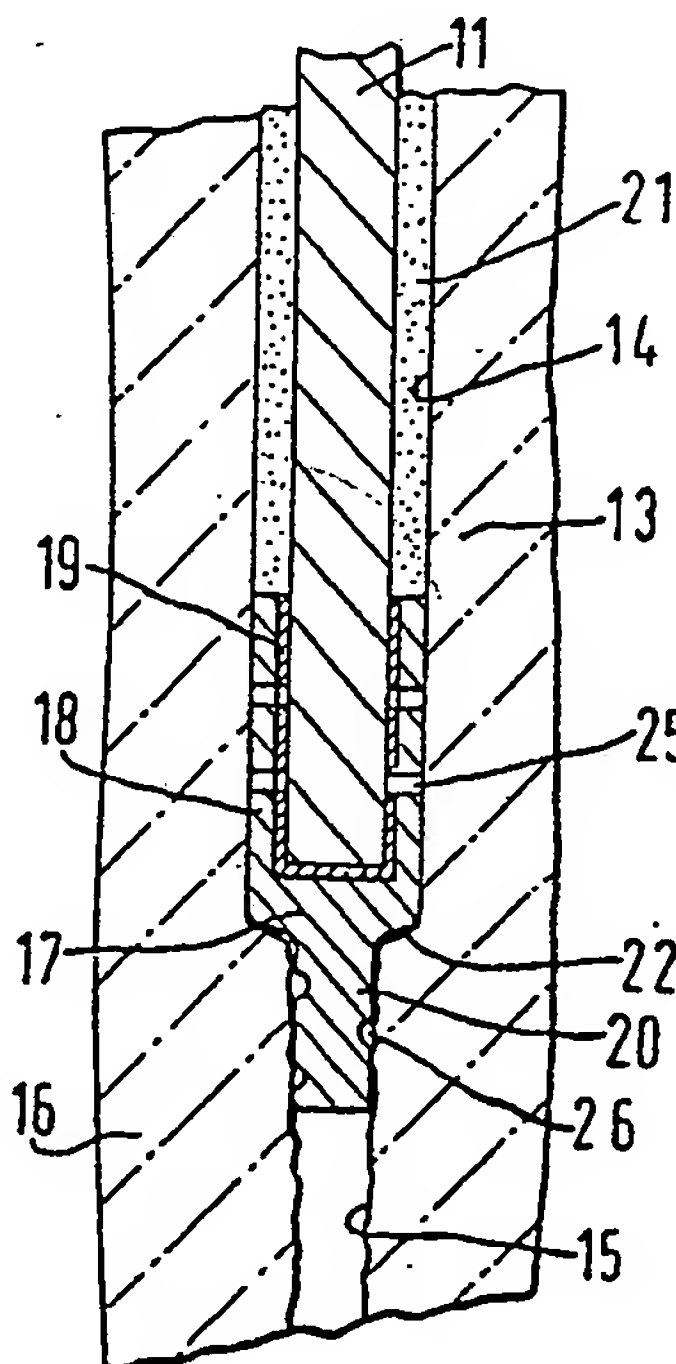
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(54) Title: ORTHOPAEDIC IMPLANTS

## (57) Abstract

Bone growth is inhibited or promoted by a control component which interacts *in situ* with bodily material to give an electrical and/or chemical effect and is non-toxically bio-degradable to limit the duration of the inhibition or promotion of bone growth. The control component is discrete from, attached to or integral with a structural component, especially and endoprosthetic component.



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ORTHOPAEDIC IMPLANTS

The present invention relates to orthopaedic implants for the human and animal body and provides such implants which affect bone growth. The invention is concerned in particular, but not  
05 exclusively, with an endoprosthetic orthopaedic device having means for promoting or inhibiting bone growth in a selected region proximate to the device.

As used in this Specification (including the  
10 Claims thereof) the term "orthopaedic implant" means any inanimate article (including a device) which is to be implanted for orthopaedic purposes in the human or animal body for a prolonged period. In particular, the term includes, for example,  
15 orthopaedic pins, plates and screws and artificial joints. References to "endoprosthetic implants" include the entire implant, parts thereof and fixing means therefor. Thus, in this Specification (including the Claims thereof) fixing pins and  
20 screws for use with endoprosthetic devices are included with the term "endoprosthetic implant".

In the art of implanting in the body prostheses for assisting or replacing bone functions such as elbow, hip and knee joints, it is the established

= practice to seek to use the most inert materials  
available for the structural parts of the prostheses  
so as to avoid undesirable reaction from the body.  
For example the structural materials used are sought  
05 to be free from corrosion when in contact with bodily  
materials and are also sought to be free from a  
reaction with bone material which may cause bone  
reabsorption where the prosthesis is directly  
attached to bone material or indirectly attached by  
10 means of bone cement. Where a component of the  
prosthesis is attached to bone by a junction which  
includes for example screws, bolts or a force fit,  
bone reabsorption can produce loosening of the  
device as the bone recedes away from the attached  
15 component.

Such direct contact between bone and an implant member may occur where the plate is bolted to strengthen or join a broken bone, or where a component of a prosthetic joint is secured to a neighbouring  
05 bone.

It is also general practice when attaching a prosthetic joint such as an elbow joint, for the joint components to be secured by elongate members extending away from the joint, each elongate member being inserted into a cavity reamed in the medullary canal.  
10

Before insertion of the prosthetic member, the reamed cavity is filled with a gap filling medium such as a cement, for example polymethylmethacrylate cement. The member is then pushed into the cement which sets  
15 quickly to secure the prosthesis in place. Again however the materials used are selected to be as inert as possible and to try to reduce bone reabsorption around the insert.

Those materials used today which most closely  
20 approach the ideal of inertness are known as bio-acceptable or bio-passive materials. During the history of development of implant materials, the materials used have progressed from early use of mild steel implants, sometimes secured by mild steel screws  
25 and bolts, through the use of surgical stainless steel, to present use of cobalt chromium molybdenum

alloys, and titanium and titanium alloys. Other  
materials which are used in prosthetic devices include  
ceramic and carbon-based materials, and some synthetic  
plastics materials such as ultra-high molecular weight  
05 polythene, some forms of nylon, polymethylmethacrylate,  
and silicone elastomers. None of these materials have  
fulfilled entirely the ideal of inertness in all  
circumstances, but in all cases the attempt has been  
towards the use of more fully inert materials to  
10 prevent so far as possible any interaction with  
bodily materials.

In another branch of medicine concerned with  
bone material, there may be found in the literature  
a number of studies concerned with the use of  
15 electrical activity to promote bone growth. One  
example of such a publication is a paper entitled  
"Treatment of Non-Union with Constant Direct Current"  
by C.T. Brighton et al, Clinical Orthopaedics and  
Related Research, No. 124 May 1977. Although the  
20 phenomena are not entirely understood at present, it  
appears from the literature that there are a number  
of relationships between electricity and bone. It is  
believed that experimental results indicate that  
stressed bone exhibits electro-negativity in areas  
25 of compression, and that living non-stressed bone  
exhibits electro-negativity in areas of bone growth

and healing. Furthermore, it is generally observed  
that bone growth occurs in areas of compression in  
the natural workings of the body. It has further  
been found according to reported experimental evidence  
05 that the application of low magnitude direct current  
to bone induces osteogenesis at the negative electrode  
or cathode.

Based on the results of work of this nature,  
there are commercially available devices which seek to  
10 promote bone mending and union in cases of fracture  
where normally bone union does not occur, by the  
application of electrical activity. Electricity has  
been reported as being applied to bone by several  
different techniques, which are referred to in the  
15 paper quoted above as including a totally invasive  
method, in which the electrodes and power pack are  
implanted in the extremity; a totally non-invasive  
method in which electromagnetic coils are placed  
external to the extremity and no part of the apparatus  
20 penetrates the skin; and a semi-invasive method in  
which electrodes penetrate the bone defect and the  
remainder of the apparatus remains external to the  
skin. However, two main features of these known  
treatments are to be noted. Firstly, the use of  
25 electricity has been applied for the object of joining  
together two portions of natural bone material.



Secondly, the source of power for the electrical  
activity has been a man-made power source, and  
cessation of the electrical activity has been caused by  
an operator's decision to switch off the power source  
05 or by battery failure. Thus these treatments have been  
essentially externally controlled medical treatments  
and have had as their object the healing of fractures  
in natural bone material.

Another area of known phenomena in relation to  
10 bone growth concerns observations which have been made  
and have been published in relation to corrosion in  
early forms of prosthetic implants where the materials  
used were not bio-acceptable in the sense in which the  
term has come to be accepted in modern practice. For  
15 example in several known cases where mild steel  
implants were secured in place by screws of dissimilar  
material such as iron screws, it has been observed that  
massive corrosion took place within the body, and this  
was accompanied by considerable promotion of bone  
20 growth. The end result of such early implants was  
disintegration of the prosthetic implant member, which  
failed to retain its structural integrity and so failed  
to carry out its function, together with continuous  
uncontrolled bone growth which it is believed eventually  
25 resulted in the bone dying through the cutting off of  
the blood supply to the living bone cells. Only at



this stage of dying of the bone material did the bone growth cease. However, the corrosion and disintegration of the implant continued until failure occurred.

05       The present invention has a number of objects,  
and wide applications in different areas concerned  
with medical activities on and relating to bone. The  
objects are differently attained in different aspects  
of the invention, and in some senses relate to  
10 different preferred arrangements of the present  
invention.

It is one object of the present invention to  
provide an implant for control of bone growth in  
chosen regions of bone material, and such implant  
15 finds application in various treatments of bone.

It is another object of the present invention to  
provide an improved endoprosthetic orthopaedic device  
having means for promoting or inhibiting bone growth  
in selected regions proximate to the endoprosthetic  
20 device.

It is yet another object of the present invention  
to provide a method of implanting an endoprosthetic  
orthopaedic device in the body by which the endopros-  
thetic device is more securely located in relation  
25 to bone material than has been possible with

previously known methods.

In accordance with an apparatus aspect of the invention there is provided an orthopaedic implant (as hereinbefore defined) comprising a biologically  
05 inactive bio-acceptable structural component for implanting in, on or near bone material in the body, and a bioactive control component for implanting in, on or near said bone material, said control component interacting in situ in the bodily material  
10 to give an electrical and/or chemical effect for promoting or inhibiting bone growth in the region of said structural component and being bio-degradable by action non-harmful to the body in such a manner as to place a limit on the duration of the said  
15 promotion or inhibition of bone growth.

The control component can be discrete from, attached to or integral with the structural component.

The structural component can serve merely as a  
20 substrate for the control component but preferably constitutes an endoprosthetic implant.

According to one preferred embodiment of the apparatus aspect of the present invention, there is provided an endoprosthetic \_\_\_\_\_

orthopaedic device, the device including an endopros-  
thetic component of biologically inactive, bio-  
acceptable material for insertion in or otherwise  
attaching to bone material in the body, and a control  
05 component for implanting in or in the region of the  
said bone material in co-operation with the said  
endoprosthetic component, the control component  
consisting of or including bio-active material such as  
will interact with bodily material to give an  
10 electrical and/or chemical effect for promoting or  
inhibiting bone growth in the region of the endopros-  
thetic component, and the bio-active material being  
bio-degradable by action non-harmful to the body in  
such a manner as to place a limit on the duration of  
15 the said promotion or inhibition of bone growth.

It will be appreciated that the nature of the  
bio-active material and the manner by which it promotes  
or inhibits bone growth may vary widely, and there  
will be set out hereinafter a number of particularly  
20 preferred forms of the bio-active material, and of the  
nature of the activity intended to take place in the  
body to promote or inhibit bone growth. However, in  
order to assist understanding of the invention, there  
will be set out briefly at this point a preferred  
25 form of the bio-activity which may be carried out in  
connection with the invention. In such a preferred

form, the materials of the endoprosthetic component  
and the control component are such as to produce by  
interaction with each other and with bodily materials  
an electrical activity such as to promote or inhibit  
05 bone growth, for example the bio-active material being  
chosen to act as a sacrificial cathode for producing  
an area of electrical negativity which promotes bone  
growth. Although a precise explanation of the bio-  
activity which is required in accordance with the  
10 present invention is not necessary to an adequate  
performance of the invention, it is believed that in  
such an arrangement, the combination of the biologic-  
ally inactive material and the bio-active material  
may constitute an electrical cell in the body  
15 producing current flow by interaction with bodily  
materials, such as to promote or inhibit bone growth  
as required in particular circumstances.

In a preferred arrangement of the aforementioned  
embodiment of the invention, the endoprosthetic  
20 component is an elongate member for insertion in a  
cavity in a bone, and the control component is in  
the form of a hollow cap or ring adapted to receive  
the end of the elongate member. Conveniently, the  
endoprosthetic component is made of titanium and/or  
25 titanium alloy and the control component is made of  
surgical steel carrying a layer of brazing or silver

solder.

= The quantity of bio-active material provided in the implant device may be chosen so as to predetermine the duration of the promotion or inhibition of bone growth, until the bio-degradation of the bio-active material brings about substantial cessation of the bone growth or inhibition. Where reference is made in this specification to selection of the bio-active material (in relation to other materials present) so as to predetermine the duration of bio-activity, it is to be appreciated that such predetermination of a time interval is necessarily approximate, and may be in the region of for example two or three years.

It will be appreciated that in the first aspect of the invention as set out above, the endoprosthetic component and the control component may be assembled either before, during or after the insertion of the components in the body. For example the assembly may be put together by firstly inserting in a cavity in bone material the control component, followed by insertion of the endoprosthetic component into the cavity.

Closely related to the invention as set out in the first aspect above, there may be provided in accordance with a second aspect of the invention a component for an endoprosthetic orthopaedic device

the endoprosthetic component being adapted for  
-insertion in or otherwise attaching to bone material  
in the body and having a composite form comprising  
biologically inactive bio-acceptable material and  
05 bio-active material such as will interact with bodily  
material to give an electrical and/or chemical effect  
for promoting or inhibiting bone growth in the region  
of the endoprosthetic component, the bio-active  
material being bio-degradable by action non-harmful  
10 to the body in such a manner as to place a limit on  
the duration of the said promotion or inhibition of  
bone growth.

In this embodiment of the invention, the bio-  
active material may conveniently be provided for  
15 example by a layer of bio-active material formed  
directly on part of the said member of biologically  
inactive material. For example the inactive member  
may comprise an elongate member of a prosthesis  
intended to be secured in a cavity reamed in a bone,  
20 and the bio-active material may take the form of a  
layer of brazing formed on the end of the elongate  
member. Alternatively, bio-active material may be  
deposited by plating, or by ion deposition, or by  
impaction (for example D gun coating).

25 Thus in accordance with the two embodiments  
of the invention set out above, two forms of



implant apparatus have been set out for use in  
connection with an endoprosthetic orthopaedic device.

In accordance with a further embodiment,  
there may be provided an endoprosthetic orthopaedic  
05 device when the endoprosthetic orthopaedic device is  
inserted in situ in the body. Thus in accordance  
with this further embodiment there is provided  
an endoprosthetic orthopaedic device when inserted  
in the body, the device including an elongate member  
10 of biologically inactive, bio-acceptable material  
inserted in bone material in the body, and bio-active  
material in the region of the inserted end of the  
elongate member, the bio-active material being such  
as will interact with bodily material to give an  
15 electrical and/or chemical effect for promoting bone  
growth in the region of the inserted end of the  
endoprosthetic member and being bio-degradable by  
action non-harmful to the body in such a manner as  
to limit the duration of the said promotion of bone  
20 growth.

In accordance with this embodiment of the  
invention, the invention provides particular advantage  
in that the siting of the material in the region of  
the inserted end of the elongate member can be  
25 arranged to produce bone growth at a region of the  
bone which is particularly susceptible to breakage



after the insertion of the distal end of an endo-  
prosthetic component.

The endoprosthesis orthopaedic device may  
conveniently be made of titanium, or titanium alloy,  
05 or cobalt chrome molybdenum alloy, or ceramic material,  
or synthetic plastics material, or any combination of  
these materials.

In connection with a fourth general embodiment  
of the apparatus aspect of the invention, there may be  
10 provided an implant structure for assisting or replacing  
mechanical bone function in the body comprising  
a functional structural member of biologically  
inactive bio-acceptable material for insertion in or  
otherwise attaching to bone material in the body, and  
15 a bio-active material such as will interact with  
bodily material to give an electrical and/or chemical  
effect for promoting or inhibiting bone growth in  
the region of the inactive member, the bio-active  
material being bio-degradable by action non-harmful  
20 to the body in such a manner as to place a limit on  
the said promotion or inhibition of bone growth,  
and the said structural member being such as to retain  
its mechanical integrity and to be bio-acceptable in  
the body after the bio-degrading of the active  
25 material.

In this fourth embodiment, the said

functional structural member may for example consist  
of a plate fastened to a bone across a fracture and  
intended to strengthen the bones after healing has  
taken place. One feature of the invention in this  
05 embodiment is that the biologically inactive  
component is a functional structural member, e.g. having  
a purpose in the body after the bio-degrading of the  
bio-active material, and it is a feature that the  
structural member retains its mechanical integrity  
10 after the bio-degrading of the active material.

In a fifth embodiment of the invention there  
may be provided a control device for control of bone  
growth, the control device being adapted for implanting  
in the body in or in the region of bone material, and  
15 having a composite form comprising biologically inactive,  
bio-acceptable material, and bio-active material such as  
will interact with bodily material to give an electrical  
and/or chemical effect for promoting or inhibiting  
bone growth, the bio-active material being bio-degradable  
20 by action non-harmful to the body in such a manner as  
to place a limit on the duration of the said promotion  
or inhibition of bone growth and in such a manner as  
to leave the control device in a bio-acceptable  
condition to remain in the body after the bio-degrading  
25 of the active material.

It is to be appreciated of course that any

particular implant in accordance with the invention  
may fall within more than one embodiment  
as set out above, and the various aspects have been  
delineated merely in order to emphasise various  
05 features of the inventive concept.

In the preceding paragraphs the apparatus aspects  
of the invention have been set out with regard to an  
endoprosthetic orthopaedic device, a component of an  
endoprosthetic orthopaedic device, an endoprosthetic  
10 orthopaedic device when inserted in the body, an  
implant structure and a control device. In this  
specification these items will be referred to by the  
general term apparatus when considering further  
features of the invention.

15 Considering other terms which have been used in  
connection with the invention, the term biologically  
inactive, bio-acceptable material means a material  
which is normally acceptable to the body as an implant  
material and does not of itself interact with normal  
20 bodily materials. It is to be appreciated however  
that such material may, and in preferred embodiments  
is specifically arranged to, interact with bodily  
materials when in combination with the said bio-active  
material.

25 By a bio-active material is meant a material  
which either by itself, or when in combination with

the said biologically inactive material, will normally interact electrically and/or chemically with bodily materials when implanted in the body. By the term bio-degrading is meant a change in the chemical structure of a material by interaction with bodily material when the material is implanted in the body. For example the bio-degrading may take the form of dissolving the bio-active material to limit the bone promotion or inhibition, or alternatively the bio-degrading may take the form of a build-up of corrosion products on the surface at which the said electrical and/or chemical effect takes place.

There will now be set out a number of preferred features of the invention which in general may be applicable in the various embodiments where appropriate, as set out above.

As has been noted above, the said bio-active material may conveniently be such as to promote or inhibit bone growth as a result of a combined interaction between the bio-active material and the said inactive material when in contact with bodily materials when implanted in the body. Preferably the said inactive material and the said bio-active material are such as to produce by interaction with bodily materials a region of electrical polarity and/or a flow of electrical current such as to promote or

inhibit bone growth. In one particularly preferred form of such an arrangement, where it is desired to promote bone growth, the said two materials are selected to be such that in use when implanted in the  
05 body the bio-active material acts as a sacrificial cathode producing an area of electrical negativity to promote bone growth.

The said non-harmful bio-degradation of the bio-active material may take a number of forms. For  
10 example the bio-degraded material may be secreted by the body as a waste product, or may be distributed around the body and stored in a non-harmful form. In some preferred arrangements, the said bio-active material may be such that the said promotion or  
15 inhibition of bone growth and the said bio-degradation of the active material takes place by electro-chemical activity in which the active material is dissipated as ions which are stored or secreted by the body without harm to the body.

20 Although as has been mentioned, a number of different materials may be used in accordance with the invention, it is preferred that the said biologically inactive material consists of titanium and/or titanium alloy and/or cobalt chromium molybdenum alloy. For  
25 example the titanium alloy may comprise titanium alloy Type 318, which is an alloy of 6% aluminium and 4%

vanadium.

The said bio-active material may conveniently include or consist of one or more of the elements comprising iron, copper, tin, zinc or silver, and may  
05 conveniently consist of a layer of brazing or silver solder, for example on surgical stainless steel.

It will be appreciated that the capability in accordance with the invention of producing bone growth or inhibition, allows many uses in medical treatments.  
10 In accordance with one such use, the bio-active material is located in a position such as to inhibit bone growth in the region of a joint in an endopros-  
thetic orthopaedic device. It is often found that when an endoprosthetic orthopaedic device is inserted,  
15 unwanted bone growth occurs in the region of the joint during an initial period when the device is being accepted by the body. In accordance with the present invention, apparatus may be implanted having means for inhibiting this unwanted bone growth for a  
20 limited time interval determined by the bio-degradation of the said bio-active material. After the acceptance of the device by the body, no further inhibition of bone growth is required.



In another application of the present invention, the bio-active material may be located in a position such as to promote bone growth in the region of the inserted end of an elongate member of an endo-  
05 prosthetic orthopaedic device where said end is inserted in bone material. As has been mentioned this region at the end of an inserted endoprosthetic component is particularly vulnerable to breakage, and a thickening of bone at this region is particularly  
10 advantageous. In addition, or as an alternative application, the invention may be used to promote bone growth around an endoprosthetic component so as to secure the component more safely in the bone material.

15 It will be appreciated that the present invention differs in a number of respects from the previously known art in relation to bone treatment. In one respect the present invention differs from present practice in the choice of materials for endo-  
20 prosthetic devices in that a deliberate choice is made of a bio-active material to be included in the endoprosthetic device, whereas present practice tends to the selection of materials which are to the greatest extent possible bio-passive and bio-acceptable.  
25 In this aspect the invention rests upon the



realisation that inclusion of a limited quantity of bio-active material in an endoprosthesis device can produce a beneficial result when carried out over a limited time interval.

05           With regard to the work which has been carried out in promoting bone growth by application of electrical activity, it will be seen that the present invention is distinguished by virtue of the fact that the power source for the electrical activity (in the  
10 particular, appropriate aspect of the invention) is provided by the bio-active material itself situated in the body. The prior art is also distinguished in this aspect in that the termination of the electrical activity is not required to be triggered by an  
15 external switching-off of the power source, but arises naturally by the bio-degradation of the bio-active material.

          With regard to the known observations in relation to early endoprosthesis devices which  
20 included mild steel and other bio-active materials, it is to be noted that in accordance with the present invention there is included biologically inactive material which is intended to remain in the body (eg as a permanent implant) after cessation of the bio-activity  
25 and bio-degradation. In those observations of the early endoprosthesis devices where bone growth

occurred during bio-activity of the inserted material,  
it is to be noted that the end result was an ineffect-  
ive faulty endoprosthesis device which deteriorated by  
massive corrosion until it could no longer perform its  
05 required function. In various embodiments  
there is provided a member of biologically inactive  
material which retains its mechanical integrity  
after the cessation of bio-activity.

Finally in connection with these general  
10 statements of the present invention, there will be set  
out a number of features in connection with a method  
according to the present invention. In this respect  
it is to be noted that the method of the present  
invention is applicable to the bodies of animals in  
15 addition to the human body.

In accordance with the present invention in a  
first method aspect, there is provided a method of  
implanting an endoprosthesis orthopaedic device in the  
body including the steps of implanting in the body in  
20 the region of an endoprosthesis orthopaedic device  
an amount of bio-active material to produce bone  
growth or inhibition of bone growth by an electrical  
and/or chemical effect resulting from interaction  
of the active material with bodily material, and to  
25 produce non-harmful bio-degradation of the active  
material with bodily material so as to place a

limit on the duration of the bone growth or inhibition.

In accordance with a second method aspect of the invention there is provided a method of assisting or replacing mechanical bone function in the body

05 comprising inserting in or otherwise attaching to bone material in the body a member of biologically inactive, bio-acceptable material, implanting in the bone material or in the region thereof an amount of bio-active material to produce bone growth or

10 inhibition of bone growth by an electrical and/or chemical effect resulting from interaction of the active material with bodily material and to produce non-harmful bio-degradation of the active material by interaction of the active material with bodily

15 materials so as to place a limit on the duration of the bone growth or inhibition, and maintaining the said inactive member as an implant in the body after the bio-degrading of the active material and substantial cessation of bio-activity, with the

20 mechanical integrity of the inactive member substantially unaffected by the bio-activity of the active material.

Finally in connection with a third method aspect of the present invention, there is provided a method

25 of controlling bone growth in a selected region of bone material in the body, comprising the steps of

implanting in the body in or in the region of bone material a control device having a composite form comprising biologically inactive, bio-acceptable material, and bio-active material, said bio-active material producing bone growth or inhibition of bone growth by an electrical and/or chemical effect resulting from interaction of the active material with bodily material; and the duration of the bone growth or inhibition being limited by non-harmful bio-degradation of the active material by interaction of the active material with bodily material.

In general those preferred and optional features of the present invention which have been set out in connection with the apparatus aspects of the invention, are equally applicable, where appropriate, in the various method aspects of the invention.

Embodiments of the invention will now be described by way of example with reference to the accompanying drawings in which:-

Figure 1 is a diagrammatic representation of a section through the distal end of an endoprosthetic component;

Figure 1a is a diagrammatic cross-section through the end of an endoprosthetic component showing an optional feature for securing the component;

Figure 1b shows a modification of the component

SUBSTITUTE SHEET



of Figure 1;

Figure 2 is a drawing taken from an X-ray of an endoprosthetic orthopaedic device comprising an elbow joint in situ at the time of implanting; and

05 Figure 3 is a drawing taken from an X-ray of the same endoprosthetic device at a time approximately five years after the implantation.

Referring firstly to Figure 1, a member 11 comprises an elongate member of an endoprosthetic  
10 device 13 consisting of an elbow joint. The member 11 is situated in a reamed out cavity 14 in the medulary canal 15 of a forearm bone 16.

At the distal end of the member 11 is positioned a control component comprising an implanted element 17  
15 in the form of a cap. The element 17 comprises a main body 18 having on its interior surface a layer 19 of bio-active material such as will interact with bodily material to give an effect as will be described hereinafter to promote bone growth. As has been  
20 mentioned, the main body 18 is in the shape of a cap co-operating with the end of the member 11, and has a threaded extension 20 which protrudes into the unreamed medulary canal 15. The space between the member 11 and the reamed cavity 14 is filled by a gap filling  
25 medium 26 such as bone cement.

Considering the materials from which the various

components may be made, the endoprosthetic member 11 may conveniently be made of titanium alloy type 318, and the bone cement 26 may be conventional poly methyl methacrylate. The main body 18 of the cap element 17  
05 may be formed of the same titanium alloy 318, or may be formed of surgical stainless steel, or cobalt chromium molybdenum alloy. The layer 19 of bio-active material may comprise a layer of brazing having a composition of, for example, 60% copper, 35% tin,  
10 with trace elements of manganese silicon and nickel, and the remainder of the composition zinc. As an alternative, the layer 19 may comprise silver solder of a commonly available commercial composition having a basic formula of 50% silver with the remainder  
15 composed of copper and zinc.

Considering the dimensions and configuration of the cap element 17, the element may be for example  $2\frac{1}{2}$  centimetres long and 4 millimetres in diameter at its upper open end. The layer 19 of  
20 bio-active material may extend around the entire interior surface of the element 17 as shown, or alternatively the layer may comprise a layer of

brazing or silver solder which extends for only one-half centimetre down the main body 18 from the open end thereof (see Figure 1b). In another modification there may be provided perforations 25 in the

05 hollow cap part of the main body 18 extending through to the interior of the cap. The extension 20 is conveniently either a force fit in the medulary canal 15, or is threaded so as to be secured to the interior surface of the canal.

10           There will now be described the method of insertion in the bone 16 of the assembly of the implant 17 and endoprosthetic member 11. Firstly the medulary canal 15 is reamed out in conventional manner by a surgical reamer to a depth sufficient to accept  
15 the member 11, and slightly oversize of the member 11, terminating in a step 22. There are then a number of ways of assembling the components. In a first method the element 17 is lodged on the end  
20 of an inserting rod (not shown) and is pushed down the reamed cavity 14 until the extension 20 lodges in the medulary canal 15. In a preferred arrangement (not shown) the inserting rod co-operates with flanges on the interior of the element 17 so that the  
inserting rod can be rotated and threads on the  
25 extension 20 can be engaged with the interior of the medulary canal 15. The inserting rod is so arranged



that a slight reverse turn releases the inserting rod from the element 17 and the inserting rod can be withdrawn leaving the element 17 in place. Next the reamed cavity 14 is filled by conventional means  
05 with a bone cement 21 and finally the member 11 is pushed through the bone cement down into the cavity 14 so as to lodge in the element 17. It is thought to be advantageous for the member 11 to have a number of points of contact, if not a complete  
10 area of contact, with the interior of the element 17, and to this effect the exterior of the end of the member 11 may be formed with outwardly-extending peaks or serrations indicated at 23' in Figure 1a. These protrusions 23' ensure good contact  
15 with the element 17. In other arrangements the interior of the element 17 may have internally-projecting ribs or protrusions which effect the same connection with a smooth ended member 11. It will be appreciated that some bone cement 21  
20 will be carried into the interior of the element 17 by the member 11, but it is generally found that sufficient contact is made between the member 11 and the element 17 by the member 11 being forced into the element 17.

25 It is to be appreciated that a number of variations may be made in this arrangement. For

example where the member 11 is substantially straight, it is possible to affix the cap element 17 directly onto the member 11 before insertion in the bone, and the securing of the element 17 can be effected  
05 by rotating the entire member 11 so as to screw the extension 20 into the medulary canal 15. In another variation, the layer of brazing or silver solder 19 may be applied directly to the end of the member 11, and the element 17 may be a plain titanium  
10 alloy.

Referring now to Figures 2 and 3, there will be described a promotion of bone growth which has been observed where the element 17 consists of a main body 18 of surgical cutting steel to British  
15 Standard EN 56D having a layer of silver solder or brazing to a depth of one-half centimetre along a 2 centimetre long implant (as shown in Figure 1b), and having a diameter of 4 millimetres. The member 11 was inserted as a force fit in the interior  
20 of the element 17, and in this example no perforations were provided through the element 17. The element 17 was threaded as shown in Figure 1b and had been firmly screwed into the medulary canal 15.

25 Figure 2 is a drawing taken from an X-ray taken at the time of implant in the patient, and

Figure 3 is a drawing taken from an X-ray taken of the same insert approximately five years later. As is shown in Figure 3 there had occurred a thickening of the bone indicated at 23 and appearing in the  
05 immediate region of the element 17. It will be appreciated that the thickening of bone in this region at the distal end of a prosthetic component is particularly advantageous since it is at this region that the bone is particularly susceptible to breakage  
10 due to the stiffening effect of the endoprosthetic member in the bone. The bone is particularly susceptible to breaking where this stiffening effect terminates, and the bone thickening shown in Figure 3 occurs at this region which is normally a region of  
15 weakness.

There will now be given what is believed to be an explanation of the activities involved in the production of the bone promotion described, although it is to be appreciated that the operation of the invention  
20 does not necessarily depend upon the accuracy of the following explanation. It is believed that when the assembly of the member 11 and element 17 are inserted into the bone 16 in intimate contact with the bone and other bodily material, an electric cell is  
25 set up between the metallic components provided, in which the layer of brazing or silver solder 19

constitutes a sacrificial cathode. Over a limited period of time, in the region of 2-3 years, it is believed that an area of electrical negativity is provided at the element 17 which has the

05 effect of promoting bone growth around the element. During this activity, it is believed that the layer 19 constitutes bio-active material which bio-degrades by electro-chemical action and dissolves into ions which are non-harmful to the body and which are

10 distributed by bodily fluids away from the implant, either to be stored by the body in non-harmful manner, or to be secreted from the body, or to be dissipated by a combination of these effects. It is believed that the effect is dependent upon, or enhanced by

15 contact between the element 17 and the bone structure, and by contact between the member 11 and the element 17. It is also believed that in other arrangements, the effect may be enhanced by perforations through the element 17 allowing a greater area of

20 contact of bodily materials with both the main body 18 and the layer 19 of bio-active material.

There will now be described a number of alternative constructions of apparatus embodying the invention, and various applications of the method and

25 apparatus.

In some arrangements it may be advantageous to

arrange for all the elements of the assembly to be provided upon a single member, by electroplating or otherwise coating the main member with different metals to produce the required electrical effect.

- 05 In another arrangement the separate implant elements may consist of one or more bands or rings of metal such as plain iron, inserted into the bone at a distance spaced from the main structural member.

In yet other arrangements there may be provided in addition to or in place of bio-active material for producing electrical effects, bio-active material which reacts in only a chemical reaction with the bodily fluids, so as to lay down material suitable for promoting bone growth, such as calcium. In such an arrangement the bio-active material is chosen to be bio-degradable, so as to provide the same limit on the duration of the chemical activity which promotes the bone growth. Thus in such an arrangement the bone growth may be achieved by producing bone salt, by laying down calcium apertite.

Where the activity produced by the bio-active material is electrical or electro-chemical in nature, and is such as to produce a flow of current, it is believed that the current required is in the range of 20 to 120 microamps.

There will now be described a number of

applications of the present invention, and in these general descriptions, the invention will be referred to in its general terms as involving the use of an implant element of biologically inactive bio-acceptable material, and bio-active material such as will interact with bodily material to give an electrical and/or chemical effect to promote or inhibit bone growth. Clearly one primary application of the invention is in the production of bone growth at the distal end of an endoprosthetic orthopaedic component, as has been described. Following from this, another application of the invention lies in controlled promotion of bone growth in the region of a repair plate screwed or otherwise secured to a fractured bone across the fracture to strengthen the bone during healing.

In addition to embodiments of the invention for promoting bone growth, the bio-active material may be arranged to be such as to inhibit bone growth. For example it is believed that where an area of positive electricity is produced in bone material, the bone is inhibited from growth, or may reabsorb. Difficulty is often found in implanting endoprosthetic devices including joints, that during the initial period of acceptance of the joint in the body, unwanted growth of bone occurs around the joint. In



one application of the present invention, bio-active material may be provided in association with the endoprosthetic insert such that an area of positive electrical polarity is provided in the region of the joint to inhibit bone growth during the initial period of acceptance of the insert. The bio-active material is again made bio-degradable, so that the duration of the activity is terminated after degradation of the bio-active material. This duration of activity is arranged to coincide with the normal period in which there is a danger of excess bone growth around the joint.

Returning to consideration of embodiments of the invention where bone growth is promoted, it will be appreciated that another important effect of the bone thickening shown in Figure 3 is that the distal end of the endoprosthetic insert is more securely fastened in the bone by the bone growth which knits around the insert. Thus in other embodiments there may be provided endoprosthetic components inserted in bone in which bio-active material is so sited as to encourage bone to grow into and around the prosthetic components so as to provide a natural locking of the prosthetic components into the bone. In some developments of this application of the invention it may be possible to secure endoprosthetic components in



bone without the use of bone cement as a gap filling agent.

CLAIMS

1. An orthopaedic implant (as hereinbefore defined)  
comprising a biologically inactive bio-acceptable  
structural component for implanting in, on or near  
bone material in the body, and a bioactive control  
05 component for implanting in, on or near said bone  
material, said control component interacting in situ  
with bodily material to give an electrical and/or  
chemical effect for promoting or inhibiting bone  
growth in the region of said structural component  
10 and being bio-degradable by action non-harmful to  
the body in such a manner as to place a limit on  
the duration of the said promotion or inhibition  
of bone growth.

2. An orthopaedic implant as claimed in Claim 1  
15 which is an endoprosthetic orthopaedic device  
including an endoprosthetic component of biologically  
inactive, bio-acceptable material for insertion in  
or otherwise attaching to bone material in the body,  
and a control component for implanting in or in the  
20 region of the said bone material in co-operation with  
the said endoprosthetic component, the control  
component consisting of or including bio-active---  
material such as will interact with bodily material  
to give an electrical and/or chemical effect for

promoting or inhibiting bone growth in the region of  
the endoprosthetic component, and the bio-active  
material being bio-degradable by action non-harmful  
to the body in such a manner as to place a limit  
05 on the duration of the said promotion or inhibition  
of bone growth.

3. An orthopaedic implant as claimed in Claim 1  
which is a component for an endoprosthetic orthopaedic  
device, the endoprosthetic component being adapted  
10 for insertion in or otherwise attaching to bone  
material in the body and having a composite form  
comprising biologically inactive, bio-acceptable  
material and bio-active material such as will interact  
with bodily material to give an electrical and/or  
15 chemical effect for promoting or inhibiting bone  
growth in the region of the endoprosthetic component;  
the bio-active material being bio-degradable by  
action non-harmful to the body in such a manner as  
to place a limit on the duration of the said  
20 promotion or inhibition of bone growth.

4. An orthopaedic implant as claimed in Claim 1  
which is an endoprosthetic orthopaedic device when  
inserted in the body, the device including an  
elongate member of biologically inactive, bio-  
25 acceptable material inserted in bone material in

the body, and bio-active material in the region of  
the inserted end of the elongate member, the bio-  
active material being such as will interact with  
bodily material to give an electrical and/or chemical  
05 effect for promoting bone growth in the region of  
the inserted end of the endoprosthetic member and  
being bio-degradable by action non-harmful to the  
body in such a manner as to limit the duration of  
the said promotion of bone growth.

10 5. An orthopaedic implant as claimed in Claim 1  
which is an implant structure for assisting or  
replacing mechanical bone function in the body  
comprising a functional structural member of  
biologically inactive bio-acceptable material for  
15 insertion in or otherwise attaching to bone material  
in the body, and a bio-active material such as will  
interact with bodily material to give an electrical  
and/or chemical effect for promoting or inhibiting  
bone growth in the region of the inactive member,  
20 the bio-active material being bio-degradable by  
action non-harmful to the body in such a manner  
as to place a limit on the said promotion or  
inhibition of bone growth, and the said structural  
member being such as to retain its mechanical  
25 integrity and to be bio-acceptable in the body after

the bio-degrading of the active material.

6. An orthopaedic implant as claimed in Claim 1  
which is a control device for control of bone growth,  
the control device being adapted for implanting in  
05 the body in or in the region of bone material, and  
having a composite form comprising biologically  
inactive, bio-acceptable material, and bio-active  
material such as will interact with bodily material  
to give an electrical and/or chemical effect for  
10 promoting or inhibiting bone growth, the bio-active  
material being bio-degradable by action non-harmful  
to the body in such a manner as to place a limit on  
the duration of the said promotion or inhibition of  
bone growth and in such a manner as to leave the  
15 control device in a bio-acceptable condition to remain  
in the body after the bio-degrading of the active  
material.

7. An orthopaedic implant as claimed in Claim 2  
wherein the endoprosthetic component is an elongate  
20 member for insertion in a cavity in a bone, and the  
control component is in the form of a hollow cap or  
ring adapted to receive the end of the elongate  
member.

8. An orthopaedic implant as claimed in Claim 1  
25 wherein the said bio-active material is such as to

promote or inhibit bone growth as a result of a  
combined interaction between the bio-active material  
and the said biologically inactive material with  
bodily materials when implanted in the body.

05 9. An orthopaedic implant as claimed in Claim 8  
wherein the said inactive material and the said bio-  
active material are such as to produce by interaction  
with bodily material a region of electrical polarity  
and/or a flow of electrical current such as to promote  
10 or inhibit bone growth.

10. An orthopaedic implant as claimed in Claim 9  
wherein the two said materials are selected to be  
such that in use when implanted in the body the bio-  
active material acts as a sacrificial cathode  
15 producing an area of electrical negativity to promote  
bone growth.

11. An orthopaedic implant as claimed in Claim 1  
wherein the bio-active material is such that the  
said promotion or inhibition of bone growth and the  
20 said bio-degradation of the active material take  
place by electro-chemical activity in which the  
active material is dissipated as ions which are  
stored or secreted by the body without harm to the  
body.

25 12. An orthopaedic implant as claimed in Claim 1

wherein the said biologically inactive material  
consists of titanium and/or titanium alloy and/or  
cobalt chrome molybdenum alloy and the bioactive  
material comprises iron, copper, tin, zinc and/or  
05 silver.

13. An orthopaedic implant as claimed in Claim 12  
wherein the said bio-active material consists of a  
layer of brazing or silver solder.

14. An orthopaedic implant as claimed in Claim 1  
10 wherein the bio-active material is located in a  
position such as to inhibit bone growth in the region  
of a joint in an endoprosthetic orthopaedic device.

15. An orthopaedic implant as claimed in Claim 1  
wherein the bio-active material is located in a  
15 position such as to promote bone growth in the region  
of the inserted end of an elongate member of an  
endoprosthetic orthopaedic device when said end is  
inserted in bone material.

16. A method of implanting an endoprosthetic  
20 orthopaedic device in the body including the steps  
of implanting in the body in the region of an  
endoprosthetic orthopaedic device an amount of bio-  
active material to produce bone growth or inhibition  
of bone growth by an electrical and/or chemical  
25 effect resulting from interaction of the active



material with bodily material, and to produce non-harmful bio-degradation of the active material by interaction of the active material with bodily material so as to place a limit on the duration of the bone growth or inhibition.

17. A method of assisting or replacing mechanical bone function in the body comprising inserting in or otherwise attaching to bone material in the body a member of biologically inactive, bio-acceptable material, implanting in the bone material or in the region thereof an amount of bio-active material to produce bone growth or inhibition of bone growth by an electrical and/or chemical effect resulting from interaction of the active material with bodily material and to produce non-harmful bio-degradation of the active material by interaction of the active material with bodily materials so as to place a limit on the duration of the bone growth or inhibition, and maintaining the said inactive member as an implant in the body after the bio-degrading of the active material and substantial cessation of bio-activity, with the mechanical integrity of the inactive member substantially unaffected by the bio-activity of the active material.

18. A method of controlling bone growth in a

selected region of bone material in the body,  
comprising the steps of implanting in the body in or  
in the region of bone material a control device  
having a composite form comprising biologically  
05 inactive, bio-acceptable material, and bio-active  
material, said bioactive material producing bone  
growth or inhibition of bone growth by an electrical  
and/or chemical effect resulting from interaction  
of the active material with bodily material, and  
10 the duration of the bone growth or inhibition being  
limited by non-harmful bio-degradation of the active  
material by interaction of the active material  
with bodily material.

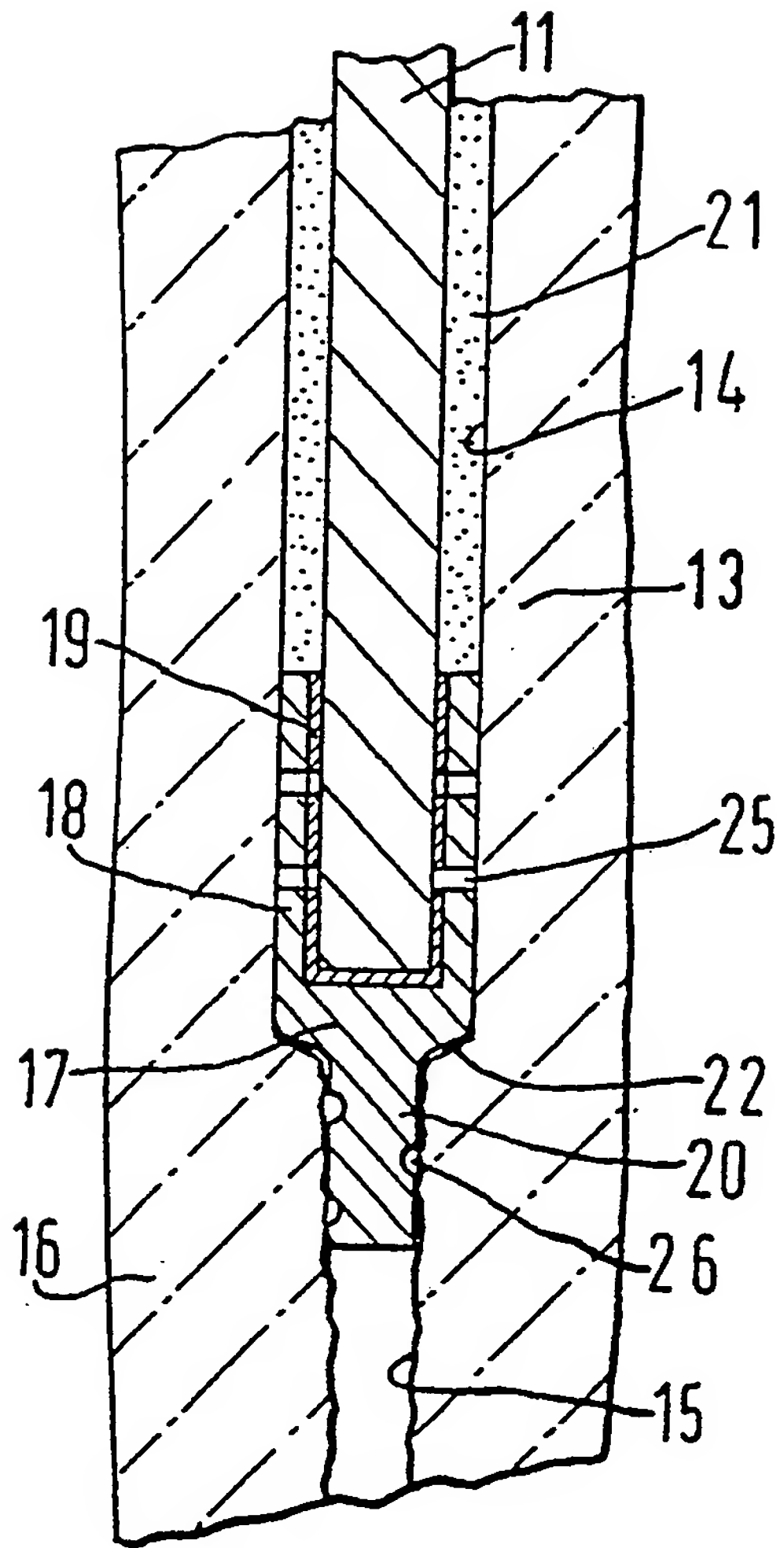


FIG. 1.

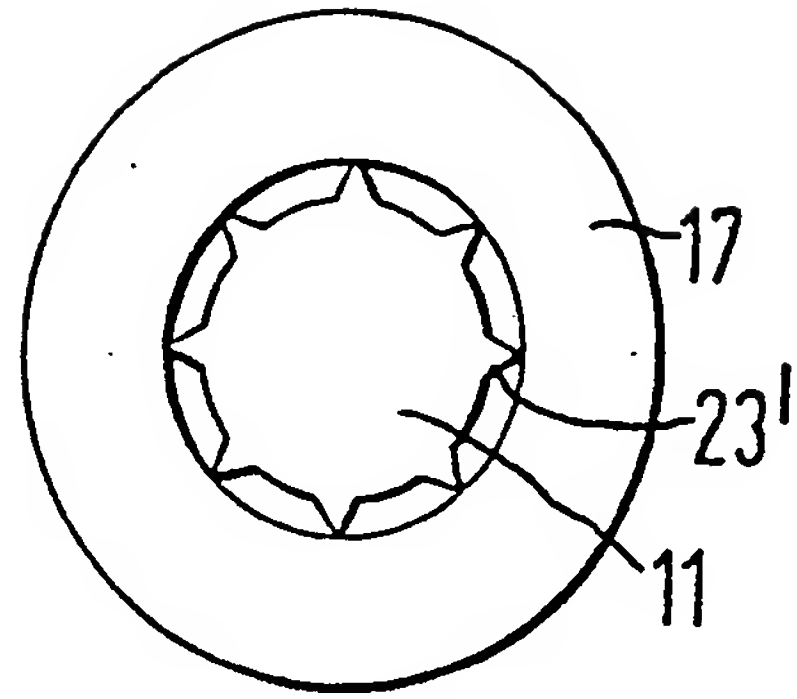


FIG. 1a.

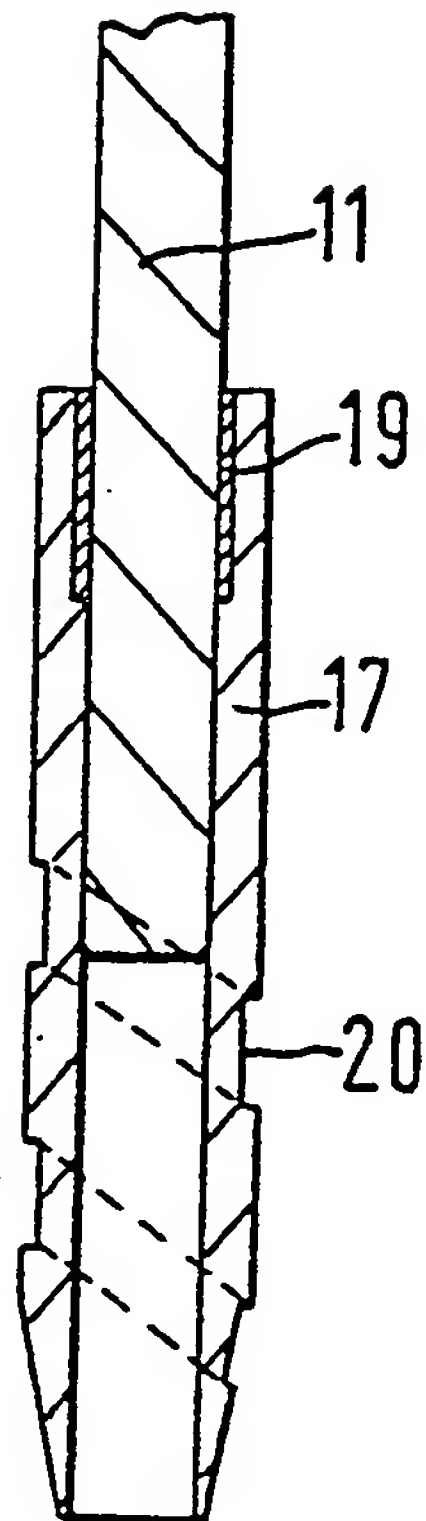


FIG. 1b.

FIG. 2.

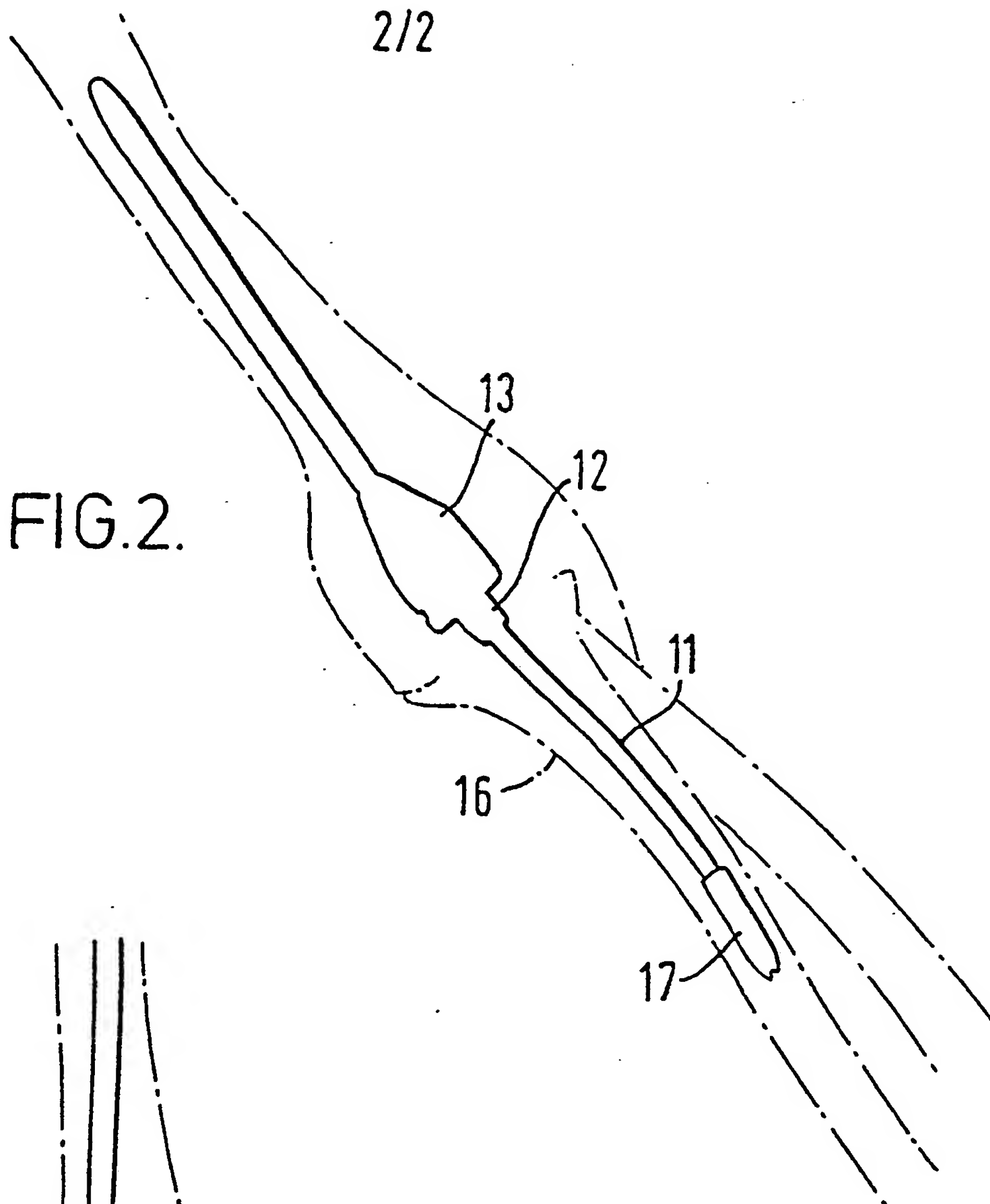
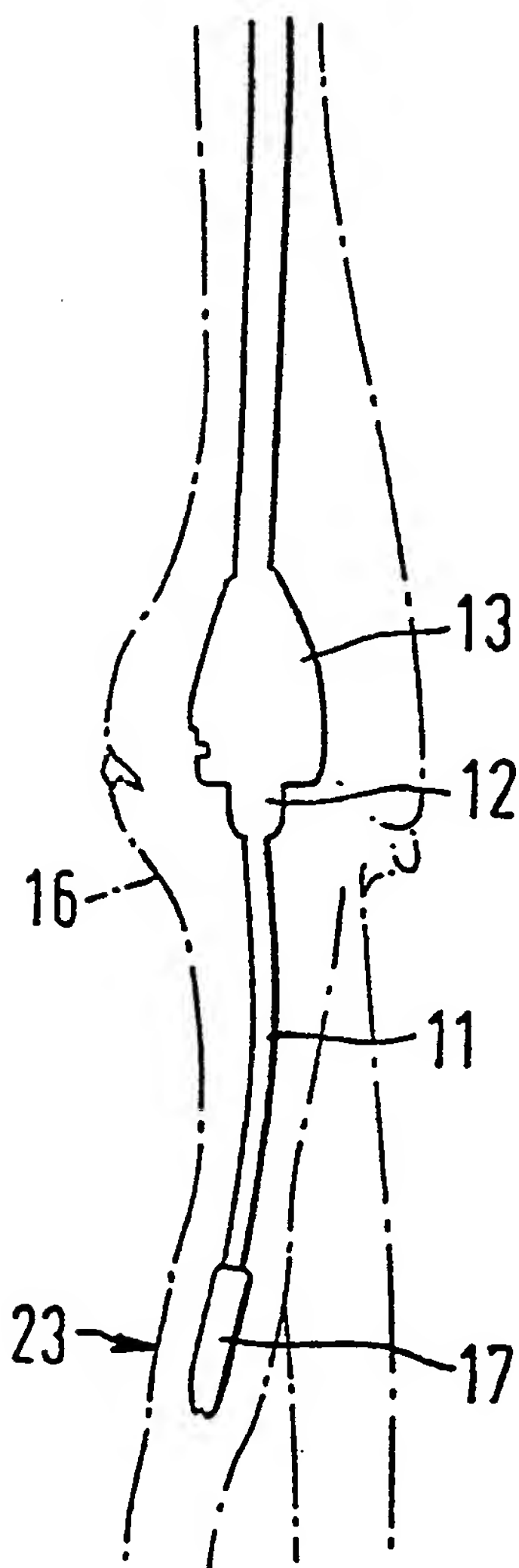


FIG. 3.



## I. CLASSIFICATION OF SUBJECT MATTER (if several classification symbols apply, indicate all) \*

According to International Patent Classification (IPC) or to both National Classification and IPC

Int.Cl.<sup>3</sup> A 61 F 1/00

## II. FIELDS SEARCHED

Minimum Documentation Searched \*

Classification System

Classification Symbols

Int.Cl.<sup>3</sup> A 61 F 1/00Documentation Searched other than Minimum Documentation  
to the Extent that such Documents are Included in the Fields Searched \*III. DOCUMENTS CONSIDERED TO BE RELEVANT <sup>14</sup>

Category *	Citation of Document, <sup>14</sup> with indication, where appropriate, of the relevant passages <sup>17</sup>	Relevant to Claim No. <sup>13</sup>
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	FR, A, 2216981, published September 9, 1974 see page 24, lines 24-35 and page 28; claim 12, Friedrichsfeld	1,6,11,15, 16,17,18
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	GB, A, 1487181, published September 28, 1977 see page 1, lines 36-39 and page 2, lines 126-128, Colgate-Palmolive	12
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A	GB, A, 2004750, published April 11, 1979 Per Ingvar Branemark	
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A	GB, A, 1530670, published December 30, 1976 Sumitomo	
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A	EP, A, 0006544, published January 9, 1980 Battelle-Institut	
	--	
A	DE, A, 2502884, published July 29, 1976 J. Hildebrandt	
	-----	

\* Special categories of cited documents: <sup>15</sup>

"A" document defining the general state of the art

"E" earlier document but published on or after the international  
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other means"P" document published prior to the international filing date but  
on or after the priority date claimed"T" later document published on or after the international filing  
date or priority date and not in conflict with the application,  
but cited to understand the principle or theory underlying  
the invention

"X" document of particular relevance

## IV. CERTIFICATION

Date of the Actual Completion of the International Search <sup>1</sup>

29th June 1981

Date of Mailing of this International Search Report <sup>2</sup>

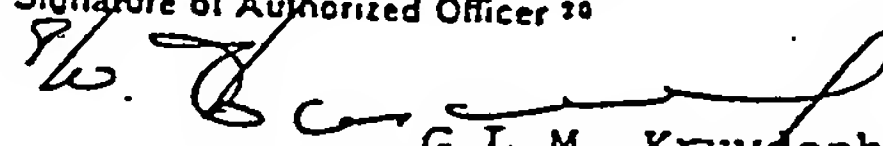
13th July 1981

International Searching Authority <sup>1</sup>

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